

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: US EPA Region II-Superior Barrel & Drum 750 Jacob Harris Lane Glaseboro, NJ 08026			e. Generator's Mailing Address: US EPA Region II-Superior Barrel 2290 Woodlands Ave Luzon, NJ 08027			
f. Phone:			g. Phone: 732-521-1454			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
2331 147900	5/14/2014	Non-Contaminated Fresh and Dirty	1	CM	70	yd.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 266 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Kelli Lucarino		q. Signature <i>[Signature]</i>	r. Date 5/23/14
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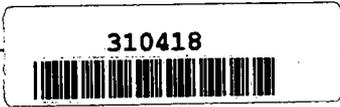
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: EEMCO #010000077008 609 261-3898			b. Phone:		
c. Driver Name (Print) R-GROVER		d. Signature <i>[Signature]</i>	e. Date 5/23/14		

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Demolition Landfill 420 Quam Road		b. Phone:	c. US EPA Number PA000012387	d. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
e. Name of Authorized Agent (Print)		f. Signature	g. Date 5/23/14		

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address:			
b. Phone:		d. Phone:			
e. Special Handling Instructions and Additional Information:					
					
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable					
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print)		h. Signature <i>[Signature]</i>		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both					

PPE: Debris (metal, pallets,
broken glassware,
crushed drums, etc.)

Subcontract SF1867-705

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number NJ0986630705		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: US EPA Region II-Superior District 788 JOURNAL SQUARE BRIDGE PLAZA BRIDGE PLAZA			e. Generator's Mailing Address: US EPA Region II-Superior District 2890 Woodbridge Ave BRIDGE PLAZA BRIDGE PLAZA		
f. Phone: (908) 426-1234			g. Phone: (908) 426-1234		
If owner of the generating facility differs from the generator, provide:			702 321-1454		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
9351 14793-	5/14/2014	Non-Contaminated Inert and Debris	1	20	Yds.
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Kathleen Gleason (Agent for US EPA)			q. Signature <i>[Signature]</i> (Agent for US EPA)		r. Date 05/27/2014

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Carrico Freightport, NJ 609 261-2848		
b. Phone:	c. Driver Name (Print) K. STICKER	
d. Signature <i>[Signature]</i>		e. Date 5/27/14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Technology Center 420 Quaker Road	b. Phone: 781 326-4311	c. US EPA Number PA000013047	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	
g. Date		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 35054

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number N30986630705		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: US EPA Region II Superior Barrel & Drum 705 Washington Centre Lansford, NJ 08837			e. Generator's Mailing Address: US EPA Region II Superior Barrel 2500 Woodbridge Ave Lansford, NJ 08837		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:			705-291-1581		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5191 157910	01/14/2015	Non-Characterized Trash and Debris	1	30	SY
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Keith Glenn (Agent for USPA)		q. Signature <i>[Signature]</i> (Agent for USPA)		r. Date 05/27/2014	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) <i>[Signature]</i>	d. Signature <i>[Signature]</i>	e. Date 5-27-14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Woodbridge Landfill 400 Woodbridge Road	c. US EPA Number PA000015087	d. Discrepancy Indication Space:
b. Phone:		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 35060

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number NJ0986430705		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: US EPA Region II Superior Remed & Demol 705 Edison Electric Lane Edison, NJ 08817			e. Generator's Mailing Address: US EPA Region II Superior Remed 2800 Woodbridge Ave Edison, NJ 08817			
f. Phone:			g. Phone: 732-321-4154			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
5081-14080	5/16/2014	1 ton contaminated fresh cut debris	1	CM	500	250
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Keith Gibson (Agent for USEPA)			q. Signature <i>[Signature]</i>		r. Date 05/22/2014	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <i>[Signature]</i>		
b. Phone:		
c. Driver Name (Print) <i>[Signature]</i>	d. Signature <i>[Signature]</i>	e. Date 5-28-14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Columbia Landfill 320 Quary Road	b. Phone:	c. US EPA Number 67000010007	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:	
b. Phone:	d. Phone:	
e. Special Handling Instructions and Additional Information:		
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		
g. Operator's Name and Title (Print)	h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both		

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number NJD 984230705		b. Manifest Document Number		c. Page 1 of 2	
d. Generator's Name and Location: US EPA Region II-Superior District 770 Jacob Hanks Lane Greensboro, PA 08128			e. Generator's Mailing Address: US EPA Region II-Superior District 780 Woodbridge Ave Elizabeth, NJ 07207		
f. Phone:			g. Phone: 732-371-1434		
If owner of the generating facility differs from the generator, provide:			h. Owner's Name:		
i. Owner's Phone No.:			j. Waste Profile #		
k. Exp. Date		l. Waste Shipping Name and Description		m. Containers	
				n. Total Quantity	
				o. Unit Wt/Vol	
5/14/2014		Non-Hazardous Trash and Debris		1	
72				GM	
				30	
				CY	

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Keith Glavin (Agent for USEPA)		q. Signature 		r. Date 5/13/2014	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) DAVE BROWN		d. Signature 
		e. Date 5-30-14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Champion Landfill 100 Spring Road Greensboro, PA 08128		c. US EPA Number PA08012001	d. Discrepancy Indication Space:
b. Phone:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	
		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of 1

3. Emergency Response Phone
800-424-6302

4. Waste Tracking Number

5. Generator's Name and Mailing Address
ATTN: KEITH GLENN
US EPA REGION II-SUPERIOR BARNEL
2890 WOODBRIDGE AVE EDISON, NJ 08837
Generator's Phone: (732)321-4454

Generator's Site Address (if different than mailing address)
USEPA RFE II-SUPERIOR BARNEL & DRUM SITE
775 JACOB HARRIS LANE
GLASSBORO NJ 08029

6. Transporter 1 Company Name

U.S. EPA ID Number

UNITED TRUCKING INC.

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

U.S. EPA ID Number

REPUBLIC SERVICES/CONESTOGA
420 QUARRY RD HORGANTOWN PA 19543
Facility's Phone: (610)288-7375

9. Waste Shipping Name and Description

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

No.

Type

1. Non Haz Non Regulated Waste Solids

1

ST

1

1

13. Special Handling Instructions and Additional Information

L. 5051 148578 VID: 494000

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offor's Printed/Typed Name

Signature

Month Day Year

Margaret Gregor

MARGARET GREGOR

10/17/14

15. International Shipments

Import to U.S.

Export from U.S.

Port of entry/exit:

Date leaving U.S.:

Transporter Signature (for exports only):

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space

Quantity

Type

Residue

Partial Rejection

Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name

Signature

Month Day Year

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 35055

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: US EPA Region II-Superior Barrel & Drum 720 South Harris Lane Edison, NJ 07033			e. Generator's Mailing Address: US EPA Region II-Superior Barrel 2880 Woodbridge Ave Edison, NJ 07037		
f. Phone:			g. Phone: 732-321-1454		
If owner of the generating facility differs from the generator, provide:			732-321-1454		
h. Owner's Name:			i. Owner's Phone No.:		

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
601 11736	5/14/2014	Man contaminated fresh and Dabns	1	CM	2	CL 505

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Margaret Gregor		Margaret Gregor		06/19/2014	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Del. Valley Corp - 1430 CLACKSON ST. ADG PA		
b. Phone: 610-372-6511		
Stew Rivers	Stew Rivers	6-19-14
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Columbia Landfill 150 County Road		c. US EPA Number PA030015007	d. Discrepancy Indication Space:
b. Phone:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: US EPA Region II Superior Canal & Dam Superior Canal Lock Berkshire, NY 13817			e. Generator's Mailing Address: US EPA Region II Superior Canal 2830 Woodbridge Ave Berkshire, NY 13817		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:			732-921-1854		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
0401 M309	06/23/14	Non-contaminated Fresh and Ostric	1 CAN	30	kg
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Margaret Gregor		q. Signature <i>Margaret Gregor</i>		r. Date 06/23/2014	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone: <i>DAVE RECORD</i>		
c. Driver Name (Print) G. 23 14	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Greystone Landfill 420 Quarry Road		c. US EPA Number PA300015867	d. Discrepancy Indication Space:
b. Phone:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 35057

If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: US EPA Region II-Superior Barrel & Drum 758 Jostox Marie Lane Greenboro, NJ 08826 <i>c/o K. Glenn</i>			e. Generator's Mailing Address: US EPA Region II-Superior Barrel 2880 Woodbridge Ave Edison, NJ 08837		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:			732-521-4454		
h. Owner's Name:			i. Owner's Phone No.:		

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
5081 147935	8/14/2014	Non-Contaminated Trash and Debris	1	CM	20	<i>CB</i>
24						

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Keith Glenn (Agent for USEPA)	<i>[Signature]</i> (Agent for USEPA)	06/24/2014
p. Generator Authorized Agent Name (Print)	q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
<i>[Signature]</i>	<i>[Signature]</i>	6-24-14
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Greenlog Landfill 120 Quarry Road		c. US EPA Number PA000015057	d. Discrepancy Indication Space:
b. Phone:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	
		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 35058

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: US EPA Region II Superior Canal 700 Woodbridge Ave Green, NY 11931 <i>Keith Glewin</i>			e. Generator's Mailing Address: US EPA Region II Superior Canal 700 Woodbridge Ave Green, NY 11931		
f. Phone:			g. Phone: 732-321-4454		
If owner of the generating facility differs from the generator, provide:			h. Owner's Name:		
i. Owner's Phone No.:			j. Waste Profile #		
k. Exp. Date		l. Waste Shipping Name and Description		m. Containers	
				n. Total Quantity	
				o. Unit Wt/Vol	
5/1/2014		Hazardous Waste (Leachate)		1	
		Covers		CAN	
				36	
				GV	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) <i>Keith Glewin (Agent for USEPA)</i>		q. Signature <i>[Signature]</i>		r. Date <i>06/26/2014</i>	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) <i>[Signature]</i>	d. Signature <i>[Signature]</i>	e. Date <i>6-26-14</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Consolidated Landfill 400 Quinn Road		c. US EPA Number PA000015007	d. Discrepancy Indication Space:
b. Phone:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5081 - 34611

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1		
d. Generator's Name and Location: US EPA Region II-Superior Canal & Dam 788 Jacob Hains Lane Edison, NJ 08837			e. Generator's Mailing Address: US EPA Region II-Superior Canal 2890 Woodbridge Ave Edison, NJ 08837			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:			732-311-4154			
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
5081 107000	5/14/2015	Non-Contaminated Trash and Debris	1	CM	30	CYD
7/14						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Keith Glenn (Agent for USEPA)			q. Signature 		r. Date 06/27/2014	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) DNE Reese	d. Signature 	e. Date 6-27-14

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Coveington Landfill 420 County Road	b. Phone:	c. US EPA Number PA09000156397	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:	c. Responsible Agency Name and Address:	
b. Phone:	d. Phone:	
e. Special Handling Instructions and Additional Information:		
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		
g. Operator's Name and Title (Print)	h. Signature	i. Date
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both		